

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09/889653**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1		/		
3		2		/		
4		2		/		
5		1		/		
6		1		/		
7		1		/		
8		1		/		
9		1		/		
10	/		/			
11		1		/		
12		2		/		
13		2		/		
14		1		/		
15		1		/		
16		1		/		
17		1		/		
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49						
50						
TOTAL IND.	2		2			
TOTAL DEP.		22		18		
TOTAL CLAIMS		24		20		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS